

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101591049

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5	1					
6						
7						
8						
9						
10	1					
11						
12	1					
13						
14						
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39						
40						
41						
42						
43						
44						
45	1					
46						
47						
48	1					
49						
50						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	61	←		←		←
TOTAL CLAIMS	70					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53						
54						
55						
56						
57	1					
58						
59	1					
60						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						